

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37114
State File No. 10227
Registrar's No.

FILED DEC 3 1943

318

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location) 10
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 9 years
years, months or days)

3. (a) PRINT PINCHUS FORTES YAWITZ
FULL NAME

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frada Fortes Yawitz 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Abt. 81 hr. min.

9. Birthplace Russia
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant General

11. Industry or business

12. Name Harry Fortes

13. Birthplace Russia
(City, town, or county) (State or foreign country)

14. Maiden name Velma Katz

15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Fortes

(b) Address 4963a Cote Brillante

17. (a) Burial (b) Date thereof 11-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Benhamiller

(b) Address 4469 Washington Blvd.

19. (a) NOV 23 1943 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1438 E. Grand Blvd
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22
year 43 hour 2 minute 00 M.

21. I hereby certify that I attended the deceased from July 22 to Nov 22, 1943,
that I last saw him alive on Nov 22, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial infarction Duration 6-8 hours

Due to Fracture left hip

Due to Fracture left hip NOV 20 1943

Other conditions (Include pregnancy within months of death)

Major findings: Of operations 11/23/43

Of autopsy no

22. If death was due to external causes, fill in the following: no

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence 11-20-43

(c) Where did injury occur? Jewish Home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Jewish Home

While at work? (Specify type of place) (e) Means of injury Fall

23. Signature Joseph Majidom (M. D. or other)

Address 5444 1/2 St. Date signed NOV 23 1943

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Licensed Embalmer No. 369

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.